# **Attention**

# DSFS ACCELERATED FF I, II & Optional NREMT CLASS

Is now accepting applications for the first class which will start June  $5^{th}$ , 2023

Please complete the attached application and return with all the required documentation by

May 5th, 2023

DSFS ACCELERATED FIREFIGHTER I, II and NREMT



#### **PURPOSE**

This course has been designed to provide the student with the necessary training and skills to successfully meet the requirements of the NFPA 1001 standard for a Fire Fighter I & II, the NFPA 1006 Passenger Vehicle Rescue Technician and NREMT. The course is for students who wish to obtain their National Proboard Firefighter I & II certification and NREMT in an accelerated time frame.

#### CONTENT

This course will cover the various subject areas covered in the traditional sequential training program, Fire Service orientation, Hose handling, Hazmat Awareness & Operations, Ladders, Tools, Salvage and Overhaul, SCBA, PPE, NREMT and Fire Fighter Safety. This course consists of Monday through Friday, 8am. – 5pm. Exam questions and skills evolutions are based on the IFSTA "Essentials" manual current edition and the NFPA 1001 standard for Fire Fighter I and II, and NFPA 1006 standard for Common Passenger Vehicle Technician

#### **AUDIENCE**

This course is open to any individual wishing to become a Firefighter / EMT

#### PREREQUISITES

Individuals must be at least 16 years of age. Medical Approval Form, Proof of insurance for non-affiliated

#### CLASS MINIMUM/MAXIMUM

10/20

#### **EQUIPMENT**

Individuals will be required to bring "Full Turn-out Gear", (1)-800 MHz portable radio, 1 portable radio strap to every class. Department owned SCBA optional.

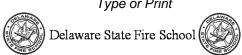
### **TUITION**

\$1,800.00 affiliated with a fire company (FF I, II W/ or WO/ EMT) \$3,000.00 non- affiliated with fire company (FF I, II & EMT) \$2,100.00 non – affiliated with fire company (FF I & II) (Includes the cost of books, testing fees and materials)

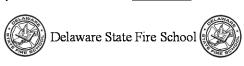
# **CANCELLATION POLICY**

Cancellations for students who are pre-registered for a course must be received by the Fire School no later than noon on the Tuesday preceding the first day of the scheduled class.

# DSFS CLASS APPLICATION FOR FF I, II & EMT



Name:		
Address:		
City:		
Date of Birth:		
Telephone:	_	
E-Mail:		
Fire Department/Company Affiliation		
Please check the boxes of the class		
☐ F.F. I, II, & NREMT (318 hours)		
☐ F.F. I & II (168 hours)		
Pre-requisite require  (Please check off each box indicate)  .  Signed "Fire Chief's Declaration" stating the equipment of the Fire Department.  "Medical Approval Form" from a Medical Document of the Event Porm of the Fire Department.  "Medical Approval Form" from a Medical Document of the Event Porm of the Event Por	ting that the required item candidate knows operation ctor verifying that the apple	n is included with this application)  onal guidelines, command structure and  licant is "physically fit to perform firefighter
Signature of Applicant		 Date
approve the request for Fire Fighter I, I all required do	•	y the above applicant and attest that need to this application.
Date:		
	Signature of	Fire Chief
The application form with all required docun	nentation must be retur	rned to the Delaware State Fire School by:
<u>Frie</u>	day May 5 <sup>th</sup> , 2023	
	OFFICE USE ONLY	
Application Received:by:	I □ Fax □ In Persor	n
Prerequisites checked by:		
	Date:	



## <u>Fire Chief's Declaration</u> of Applicant's Ability to Perform Fire Company Tasks and Procedures

As Fire Chief of the	Fire Company,
I have observed the performance of	and affirm that this
applicant for certification is thoroughly familiar w	rith the Standard Operating Procedures, Guidelines
and equipment of this Fire Company and has de	emonstrated proficiency in compliance in all areas
listed and checked below. (Check each circle as	s applicant properly performs task)

- ⇒ Operation of Company communications equipment:
  - o Portable radio
  - o Mobile radio in apparatus
- ⇒ Station phone system policy and procedure to properly answer and respond to:
  - o Emergency calls
  - Non-emergency calls
  - o Operation of the station intercom if available.
- Operation of safety equipment required for riding fire equipment:
  - Seat belt
  - Mansaver bar or cab door
- ⇒ Location of all tools located on Company apparatus:

(Cross out if your Company does not have a piece of equipment)

- o Hydraulic rescue tools
- o Halligan bars
- o Pike poles
- Plaster hooks
- Axes
- Ventilation Saws
- Salvage covers
- Debris bags
- Water vacs / dewatering equipment
- o SCBA
- Ground ladders
- Portable lights
- o Cord reels
- o Generators
- o Portable pumps
- o Portable / specialty tool kits
- Policy and procedure for maintaining all hand tools located on your apparatus:
  - Explain how each tool listed above are put back as "ready for service" after they are used at an emergency
- Ability to complete forms / records necessary to document emergency response:
  - o Company emergency response form
  - o Incident attendance report form

Page 1 of 2



# <u>Fire Chief's Declaration</u> of Applicant's Ability to Perform Local Company Tasks and Procedures (Cont.)

- ⇒ Ability to complete company daily forms:
  - Function attendance form
  - o Maintenance / equipment out of service form
  - Phone message form
- ⇒ Ability to operate in established work areas at emergency scenes:
  - o Knowledge of potential hazards involved in operating at emergency scenes
  - o Knowledge of protective equipment used at emergency scenes
  - Ability to use personal protective equipment and traffic control devices at emergency scenes

I approve this request for the Delaware State Fire School Accelerated FF I, II, and EMT class enrollment by the above applicant and attest that all required documentation is attached to this application.

Fire Chief (Print)	
Fire Chief (Signature)	 Date





#### **DSFS**

# Firefighter I & II Medical Approval Form

The intent of this medical approval form is to verify to the Delaware State Fire School that the applicant named below is physically capable of performing typical firefighting activities as part of the Firefighter I & II Certification class. This form must be submitted with your application. Please have it completed by a physician of your choice

Аp	plicant's Name:	Date of Birth:			
Stı	reet Address:				
Cit	ty:	State:	Zip:		
	Exa	amples of Activities to be per	formed		
1.	objects, ventilating roofs or wa	(e.g., hose line operations, extensi- alls using power or hand tools, forcitunder stressful conditions while wear atus.	ole entry), rescue operations, and o	ther	
2.		imbing up to five flights of stairs while wearing fire protective ensemble weighing at least 50 lb or mod carrying equipment/tools weighing an additional 20 to 40 lb			
3.	. Wearing fire fighting personal protective equipment which is insulated and may result in significant fluic that frequently progresses to clinical dehydration and can elevate core temperature.				
4.		e-dragging or carrying victims ranging dous conditions and low visibility	from newborns up to adults weigh	ing	
5.	. Advancing water-filled hose lines up to 2½ in. in diameter from fire apparatus to occupancy (approximat 150 ft), which can involve negotiating multiple flights of stairs, ladders, and other obstacles				
6.	Raising and climbing portable I and uneven surfaces.	ladders, operating from heights, walk	ing or crawling in the dark along nar	row	
		Doctor's Verification			
		individual and have found them to be refighter I class conducted by the Dela		cal	
Do	octor's Name (Type or Print)				
Stı	reet Address:				
Cit	ty:	State:	Zip:		
No	te any Restrictions:				
_					



Date:\_

Doctors Signature: \_\_